

Westran Insurance Scholarship Foundation

Scholarship Application Cover Letter

ELIGIBILITY

To be eligible for selection, the applicant must:

- Submit confirmation of enrollment or acceptance as a full-time (12 hours or more per term) student in a degree program, including majoring or concentrating in actuarial science, insurance, loss control or risk management. Applicants with other majors or study concentrations will also be considered if a statement of insurance related career goals accompanies the application. Preference will be given to applicants who submit documentation of exams taken for professional insurance designations (for example ARM, CIC, CPCU, CLU, IIA) or licenses (agents or adjusters).
- Submit confirmation of a GPA of 3.0 or above (on a 4.0 scale) in insurance and other business courses, and an overall GPA of 2.7 or above; entering freshmen must have an overall GPA from high school of 3.0 or better.
- Submit a description of your active participation in insurance-focussed extra-curricular activities that develop interpersonal, team-building, and communication skills. Examples include work experience in the field of insurance and membership in insurance or business related professional societies. Applicants will be evaluated on the scope and duration of their extra-curricular activities.
- Have two recommendation forms submitted, one from an academic advisor and one from an insurance professional.
- Submit a completed application, transcript and recommendations postmarked by March 31 prior to the academic year for which you are applying for this scholarship.
- Preference will be given to applicants from the Great Lakes Region (Michigan, Ohio, Indiana, Illinois, Wisconsin).

Previous recipients of this scholarship are encouraged to reapply each year.

DIRECTIONS FOR COMPLETING APPLICATION

1. Read the entire form before completing your application to better understand the type of information requested. Print clearly in black ink if completing by hand, or print using a computer (the application is a Microsoft Word Document).
2. Answer all questions. If a particular item does not apply to you, use a dash (-).
3. Re-read the sections you filled out and check for accuracy, completeness and neatness.
4. ***Your application plus all of the documents listed below must be completed and postmarked no later than March 31 in order to be eligible for consideration.***
5. Mail all documents to:

Westran Insurance Scholarship Foundation
Mott Building, Room 408A
320 S. Main St.
Olivet, MI 49076

IMPORTANT:

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO COMPLETE THIS APPLICATION:

1. A letter of recommendation from an academic advisor (a faculty member at your college or counselor at your high school) who will evaluate you as a student.
2. A letter of recommendation from an insurance professional.
3. Official transcript from your college or university, or high school if you are just entering college. Grade point averages must be calculated on a 4.0 scale.
4. One-page, current resume
5. Essay describing your chosen career path and goals in 500 words or less.

Westran Insurance Scholarship Foundation Scholarship Application

Please type or legibly print (in black ink) the information requested in the boxes below. If you are completing this form electronically, the boxes will expand to hold all of the information you wish to insert. To request an electronic copy of this form, please email insurance@olivetcollege.edu. Preference will be given to applicants from the Great Lakes Region (Michigan, Ohio, Indiana, Illinois, Wisconsin).

Applicant			
Last Name:	First Name:	Middle Name:	Date:
Email Address:		Telephone Number:	
Field of Study or Major & Minor in College/University:	College/University attending in the Fall:	Grade point average on a 4.0 scale in field of study or Major (high school seniors leave blank):	Grade point average on a 4.0 scale overall (all applicants):

Co-curricular Activities		
Please describe organization and activities that applicant has been involved in outside of high school or college or university classes.		
List organization name & briefly describe purpose or activity:	Position Held:	Insert High School, Freshman, Sophomore, Junior, Senior, or Graduate student:

Recommendations			
Please list the names of the two individuals (one academic and one insurance professional) that have been asked to submit a recommendation. The individuals submitting recommendations may not be family members. For the academic/faculty recommendation, incoming freshmen may use a high school advisor or teacher; all others must use an academic advisor or faculty member from their college or university.			
Academic Advisor/Faculty Member:	Title and High School, College, or University:	Telephone Number:	Email Address:
Insurance Professional:	Title and Insurance Agency or Company:	Telephone Number:	Email Address:

Personal Information			
Applicant Residence Address:	City:	State:	Zip Code:
Telephone:	Date of Birth:	Social Security #:	Are you a citizen of the United States?
Parent/Guardian Names:	Parent/Guardian Address:	Parent/Guardian City:	Parent/Guardian State & Zip Code:

Financial Information			
<i>Please indicate how the applicant finances his or her college/university expenses.</i>			
Source of Income for College Education:	Annual Amount:	College Related Expenses:	Annual Amount:
Parents' Contribution	\$	Tuition	\$
Applicant's Salary	\$	Room & Board	\$
Applicant's Spouse's Salary	\$	Books & Supplies	\$
Other Scholarships & Grants (list names and amounts)	\$	Social Expenses (Fraternity, Sorority, other Student Organizations)	\$
GI Bill/Veterans' Benefits	\$	Personal Debts (specify debt & annual payment amount)	\$
Social Security Benefits	\$	Payments on car and or furniture loans	\$
Other government benefits	\$	Insurance Premium for car	\$
Loans (specify)	\$	Miscellaneous College Related Expenses (specify)	\$
Total annual income	\$	Total annual expenses	\$

Work Experience			
Please list any jobs, including summer employment, held by applicant.			
Specific Nature of Work	Employer	Dates of Employment	Hours/week

Additional Background Information

Is or has any member of your family been employed in any part of the insurance industry? If so, please list the organization and position held:

Will you be a freshman, sophomore, junior, senior, or master's candidate next fall?

Name of college/university and address applicant is attending in the fall:

Name and address of high school attended:

List honors and awards earned in high school or college:

Have you previously applied to the Westran Insurance Scholarship Foundation? If so, indicate the year and whether or not the applicant received the Westran Scholarship:

Essay and Resume

On a separate sheet of paper, please describe applicant's chosen career path and goals in 500 words or less. Also, please submit a current, one-page resume.

Signature

Signature of Applicant:

Date:

Applicants will not be notified unless the application is incomplete. If you desire verification of receipt, please send this packet to the Foundation "return receipt requested".

Checklist for your application submission:

- Completed application (handwritten in black ink or computer printed)
- Recommendation form from an *academic advisor or teacher*
- Recommendation form from an *insurance professional*
- Official transcript from your college, university, or high school
- Current Resume (one page)
- Essay describing your chosen career path and goals (500 words or less)

**NO APPLICATION AND ACCOMPANYING MATERIAL WILL BE CONSIDERED
UNLESS THEY ARE COMPLETED AND MAILED TO THE FOUNDATION
POSTMARKED NO LATER THAN MARCH 31 AT THE ADDRESS BELOW:**

Westran Insurance Scholarship Foundation
Mott Building, Mott 408A
320 S. Main St.
Olivet, Michigan 49076

Westran Insurance Scholarship Foundation Scholarship Recommendation

Please type or legibly print (in black or blue ink) the information requested in the boxes below. If you are completing this form electronically, the boxes will expand to hold all of the information you wish to insert. To request an electronic copy of this form, please email insurance@olivetcollege.edu.

Applicant

Please insert the applicant's first, middle, and last name, and date in the box below, and provide this to the individual that will complete the recommendation. The individuals submitting recommendations may not be family members. For the academic/faculty recommendation, incoming freshmen may use a high school advisor or teacher; all others must use an academic advisor or faculty member from their college or university.

Recommender

Thank you for helping this applicant with his or her scholarship application by completing this form.

The applicant listed above is in the process of applying for a scholarship from the Westran Insurance Scholarship Foundation. The Foundation seeks to encourage students who have demonstrated interest, potential, and academic achievement in insurance related pursuits. Your input is important to the scholarship selection process and will be seen only by the selection committee. The Foundation will not share this form with the applicant.

Please indicate how long you have known the applicant, and under what circumstances (academic, work, social) that you have had contact:

Please describe any notable interests, involvement, or accomplishments that suggest future success in academic or business pursuits related to insurance:

Please detail any experience you have had with the applicant that would demonstrate leadership potential, the ability to work well with others, or other positive social skills:

In the rows below, please insert a number rating the applicant's work ethic and interpersonal skills on a scale of 1 (very low) to 10 (very high):

Work Ethic (initiative, industry, enthusiasm) Rating:

Interpersonal Skills (ability to work co-operatively, and to inspire/influence others) Rating:

Please provide any additional information that would assist the Westran Insurance Scholarship Foundation in evaluating the applicant:

Signature

Signature of Recommender:

Title & Organization

Date:

Please mail this completed form by March 31 to:

Westran Insurance Scholarship Foundation
Mott Building, Mott 408A
320 S. Main St.
Olivet, Michigan 49076

Thank you for helping this applicant with his or her scholarship application by completing this form!